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PTO/SB/05 (11-00)

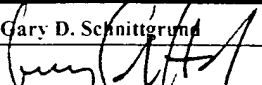
Approved for use through 10/31/2002. OMB 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>	Attorney Docket No.	S111-USA
	First Inventor	Greenberg, et al.
	Title	Implantable Microfluidic Delivery System Using Ultra...
	Express Mail Label No.	EL 516 675 959 US

APPLICATION ELEMENTS	ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, D.C. 20231
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <i>(Submit an original, and a duplicate for fee processing)</i>	7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
2. <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.	8. Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i>
3. <input checked="" type="checkbox"/> Specification <i>[Total Pages 16]</i> <i>(preferred arrangement set forth below)</i> <ul style="list-style-type: none">- Descriptive title of the invention- Cross Reference to Related Applications- Statement Regarding Fed sponsored R & D- Reference to sequence listing, a table, or a computer program listing appendix- Background of the Invention- Brief Summary of the Invention- Brief Description of the Drawings <i>(if filed)</i>- Detailed Description- Claim(s)- Abstract of the Disclosure	a. <input type="checkbox"/> Computer Readable Form (CRF)
4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) <i>[Total Sheets 1]</i>	b. Specification Sequence Listing on: <ul style="list-style-type: none">i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); orii. <input type="checkbox"/> paper
5. Oath or Declaration <i>[Total Pages 2]</i> <ul style="list-style-type: none">a. <input checked="" type="checkbox"/> Newly executed (original or copy)b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <i>(for continuation/divisional with Box 18 completed)</i><ul style="list-style-type: none">i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).	c. <input type="checkbox"/> Statements verifying identity of above copies
6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76	
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No.: _____ Prior application information: Examiner _____ Group / Art Unit _____ For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation <u>can only</u> be relied upon when a portion has been inadvertently omitted from the submitted application parts.	
19. CORRESPONDENCE ADDRESS	
<input checked="" type="checkbox"/> Customer Number or Bar Code Label  or <input type="checkbox"/> Correspondence address below <i>(Insert Customer No. or Attach bar code label here)</i>	
Name Second Sight, LLC 28284 PATENT, TRADEMARK OFFICE	
Address P.O. Box 905	
City Santa Clarita State CA Zip Code 91380-9005	
Country USA Telephone (661) 775-3995 Fax (661) 775-1595	

Name (Print/Type) Gary D. Schnittgrund	Registration No. (Attorney/Agent) 42.130
Signature 	Date 10/26/2001

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03914 U.S. PTO
10/635633

08/05/03

UTILITY PATENT APPLICATION TRANSMITTAL (New Nonprovisional Applications Under 37 CFR § 1.53(b))	Attorney Docket No. S111-DIV1
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TO THE ASSISTANT COMMISSIONER FOR PATENTS:

Transmitted herewith is the patent application of () application identifier or (X) first named inventor, Robert Greenberg, entitled Implantable Microfluidic Delivery System Using Ultra-Nanocrystalline Diamond Coating, for a(n):

() Original Patent Application.

(X) Continuing Application (prior application not abandoned):

() Continuation (X) Divisional () Continuation-in-part (CIP)

of prior application No: 10/046,458 Filed on: 10/26/2001.

() A statement claiming priority under 35 USC § 120 has been added to the specification.

Enclosed are:

(X) Specification; 4 Total Pages.

(X) Drawing(s); 0 Total Sheets.

(X) Oath or Declaration:

() A Newly Executed Combined Declaration and Power of Attorney:

() Signed.

() Unsigned.

() Partially Signed.

(X) A Copy from a Prior Application for Continuation/Divisional (37 CFR § 1.63(d)).

(X) Incorporation by Reference. The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied, is considered as being part of the disclosure of the accompanying application and is hereby incorporated herein by reference.

() Signed Statement Deleting Inventor(s) Named in the Prior Application. (37 CFR § 163(d)(2)).

() Power of Attorney.

(X) Return Receipt Postcard.

() Associate Power of Attorney.

() A Check in the amount of \$ _____ for the Filing Fee.

(X) Preliminary Amendment.

(X) Information Disclosure Statement and Form PTO-1449.

(X) A Duplicate Copy of this Form for Processing Fee Against Deposit Account.

() A Certified Copy of Priority Documents (if foreign priority is claimed).

(X) Applicant claims small entity status.

() Other: _____

CLAIMS AS FILED				
FOR	NO. FILED	NO. EXTRA	RATE	FEE
Total Claims	5	0	\$9.00	\$ 0.00
Independent Claims	1	0	\$42.00	\$ 0.00
Multiple Dependent Claims (if applicable)				\$0.00
Assignment Recording Fee				\$0.00
Basic Filing Fee				\$375.00
Total Filing Fee				\$ 375.00

Charge \$375.00 to Deposit Account 50-0922 pursuant to 37 CFR § 1.25. At any time during the pendency of this application, please charge any fees required or credit any overpayment to this Deposit Account.

Respectfully submitted,

By: _____

Gary Schnittgrund, Attorney of Record,
Reg. No.42,130

Date:

Correspondence Address:

Second Sight Medical Products, Inc.
12744 San Fernando Road Building 3
Sylmar, CA 91342
Phone: (818) 833-5071
Fax: (818) 833-5080

I hereby certify that this is being deposited with the U.S. Postal Service "Express Mail Post Office to Addressee" service under 37 CFR § 1.10 on the date indicated below and is addressed to:

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**FEE TRANSMITTAL
for FY 2002**

Patent fees are subject to annual revision.

Complete if Known

Application Number	--
Filing Date	--
First Named Inventor	Greenberg, et al.
Examiner Name	--
Group Art Unit	--
Attorney Docket No.	S111-USA

TOTAL AMOUNT OF PAYMENT**\$527.00****METHOD OF PAYMENT**

- 1.
- ☒
- The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number **50-0922**Deposit Account Name **Second Sight, LLC**

- ☒
- Charge Any Additional Fee Required Under 37 CFR §§ 1.16 and 1.17

- ☒
- Applicant claims small entity status. See 37 CFR § 1.27

- 2.
- ☐
- Payment Enclosed:

☐ Check ☐ Credit card ☐ Money Order ☐ Other**FEE CALCULATION****1. BASIC FILING FEE**

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
101	740	201	370	Utility filing fee	370.00
106	330	206	165	Design filing fee	
107	510	207	255	Plant filing fee	
108	740	208	370	Reissue filing fee	
114	160	214	80	Provisional filing fee	
SUBTOTAL (1)					\$370.00

2. EXTRA CLAIM FEES

Extra Claims		Fee from below		Fee Paid
Total Claims				
33	-20** = 13	X	9.00	117.00
Independent Claims	3 - 3** = 0	X	0.00	0.00
Multiple Dependent			0.00	0.00

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
103	18	203	9	Claims in excess of 20	
102	84	202	42	Independent claims in excess of 3	
104	280	204	140	Multiple dependent claim, if not paid	
109	84	209	42	** Reissue independent claims over original patent	
110	18	210	9	** Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2)					\$117.00

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)**3. ADDITIONAL FEES**

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
105	130	205	65	Surcharge - late filing fee or oath	
127	50	227	25	Surcharge - late provisional filing fee or cover sheet	
139	130	139	130	Non - English specification	
147	2,520	147	2,520	For filing a request for <i>ex parte</i> reexamination	
112	920*	112	920*	Requesting publication of SIR prior to Examiner action	
113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action	
115	110	215	55	Extension for reply within first month	
116	400	216	200	Extension for reply within second month	
117	920	217	460	Extension for reply within third month	
118	1,440	218	720	Extension for reply within fourth month	
128	1,960	228	980	Extension for reply within fifth month	
119	320	219	160	Notice of Appeal	
120	320	220	160	Filing a brief in support of an appeal	
121	280	221	140	Request for oral hearing	
138	1,510	138	1,510	Petition to institute a public use proceeding	
140	110	240	55	Petition to revive - unavoidable	
141	1,280	241	640	Petition to revive - unintentional	
142	1,280	242	640	Utility issue fee (or reissue)	
143	460	243	230	Design issue fee	
144	620	244	310	Plant issue fee	
122	130	122	130	Petitions to the Commissioner	
123	50	123	50	Processing fee under 37 CFR § 1.17(q)	
126	180	126	180	Submission of Information Disclosure Statement	
581	40	581	40	Recording each patent assignment per property (times number of properties)	40.00
146	740	246	370	Filing a submission after final rejection (37 CFR § 1.129(a))	
149	740	249	370	For each additional invention to be examined (37 CFR § 1.129(b))	
179	740	279	370	Request for Continued Examination (RCE)	
169	900	169	900	Request for expedited examination of a design application	
Other fee specify					
SUBTOTAL (3)					\$40.00

*Reduced by Basic Filing Fee Paid

SUBMITTED BYName (Print/Type) **Gary D. Schmittgrund**Registration No.
(Attorney Agent)**42,130****Complete (if applicable)**

Telephone

(661) 775-3995

Signature



Date

10/26/2001**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on**

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